



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1161

**DATE:** August 6, 2012

**TO:** Iowa Medicaid Audiologists, Birthing Centers, Certified Registered Nurse Anesthetists, Chiropractors, Clinics, Community Mental Health Clinics, Family Planning Clinics, Federally Qualifying Health Centers, Hearing Aid Dealers, Independently Practicing Physical Therapists, Lead Investigation Agencies, Maternal Health Centers, Medical Equipment and Supply Dealers, Nurse Midwives, Opticians, Optometrists, Orthopedic Shoe Dealers, Physicians, Rural Health Clinics and Screening Center Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** New Electronic Process for Billing Part B Crossover Claims

**EFFECTIVE:** September 1, 2012

“Cross-over claims” are claims for dual-eligible members (covered by both Medicare and Medicaid) that are paid as primary by Medicare but still have a remaining Medicaid balance (such as coinsurance/deductible). Most of these claims come to the IME automatically from Medicare (WPS) through the Coordination of Benefits (COB) process. In these cases, providers need to do nothing aside from submitting the original claim to Medicare and confirm that the Medicaid remainder actually pays through the IME a few weeks later.

**For claims that do not process automatically through the COB, the IME will offer providers the option to submit *direct*, electronic cross-over claims via the HIPAA 837P transaction to collect the remaining Medicaid balance on Medicare Part B claims effective September 1, 2012.** This means that providers will no longer have to submit these claims on the paper form 470-4708, Medicare Crossover Invoice (Professional), along with the Explanation of Medicare Benefits (EOMB), although that option will remain for those who choose it.

In order to process the Medicare Part B crossover claim the IME requires specific data in addition to the elements required within the Standard HIPAA X12 837 transaction. Please refer to the EDI Support Services companion guide at:

<http://www.edissweb.com/med/training/> for submission instructions.

**Important**

- Only claims that have already been paid by Medicare may be submitted electronically.
- Claims that are denied by Medicare must be submitted to the IME on the appropriate claim form with the EOMB attached.
- Allow 30 days after Medicare pays a claim to submit the crossover claim either electronically or on paper to avoid potential duplication with the COB.
- Contractual adjustments or “write off” amounts should never be listed in the coinsurance, copay, or deductible fields.
- The paper EOMB, supporting the electronic crossover claim being submitted, must be kept in the patient’s file as it may be requested at a later time for review/auditing purposes.

Providers may continue to use the paper Medicare Crossover Invoice (Professional) form 470-4708, found at <http://www.ime.state.ia.us/Providers/ClaimsPage.html> . Please refer to Informational Letter No.1032 for more information regarding the requirements for billing crossover claims on paper to the IME.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or 515-256-4609 (local) or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us) .